

114TH CONGRESS  
2D SESSION

# S. 2948

To plan, develop, and make recommendations to increase access to sexual assault examinations for survivors by holding hospitals accountable and supporting the providers that serve them.

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IN THE SENATE OF THE UNITED STATES

MAY 18, 2016

Mrs. MURRAY (for herself, Mrs. SHAHEEN, Mrs. McCASKILL, Mrs. GILLIBRAND, Ms. BALDWIN, Mrs. BOXER, Mr. BLUMENTHAL, Mr. BENNET, and Mr. WYDEN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To plan, develop, and make recommendations to increase access to sexual assault examinations for survivors by holding hospitals accountable and supporting the providers that serve them.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

**3 SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Survivors’ Access to  
5       Supportive Care Act” or “SASCA”.

1 **SEC. 2. PURPOSE.**

2 It is the purpose of this Act to increase access to  
3 medical forensic sexual assault examinations and treat-  
4 ment provided by sexual assault forensic examiners for  
5 survivors by identifying and addressing gaps in obtaining  
6 those services.

7 **SEC. 3. DEFINITIONS.**

8 In this Act:

9 (a) **TERMS RELATING TO GAO REPORT.**—In this  
10 Act, the following terms shall, with respect to hospitals  
11 that receive Federal funds, have the meanings given such  
12 terms in the report of the Government Accountability Of-  
13 fice entitled “Information on Training, Funding, and the  
14 Availability of Forensic Examiners” (GAO-16-334: Pub-  
15 lished: Mar 18, 2016):

16 (1) **MFE.**—The term “medical forensic exam-  
17 ination” or “MFE”.

18 (2) **SAFE.**—The term “sexual assault forensic  
19 examiner” or “SAFE”.

20 (3) **SANE.**—The term “sexual assault nurse  
21 examiner” or “SANE”.

22 (4) **SART.**—The term “sexual assault response  
23 team” or “SART”.

24 (b) **OTHER TERMS.**—In this Act:

25 (1) **SECRETARY.**—The term “Secretary” means  
26 the Secretary of Health and Human Services.

1                             (2) SEXUAL ASSAULT.—The term “sexual as-  
2         sault” has the meaning given such term by the Fed-  
3         eral Bureau of Investigation in the Uniform Crime  
4         Reporting Program’s Summary Reporting System.

5     **TITLE I—STRENGTHENING THE**  
6     **SEXUAL ASSAULT EXAMINER**  
7     **WORKFORCE**

8     **SEC. 101. UNDERSTANDING SEXUAL ASSAULT CARE.**

9                             (a) PURPOSE.—It is the purpose of this section to  
10      identify areas for improvement in health care delivery sys-  
11      tems providing services to survivors of sexual assault.

12                             (b) GRANTS.—The Secretary may award grants to  
13      State governments for the development and implementa-  
14      tion of State surveys on health care provider access for  
15      sexual assault forensic examination services to identify—

16                                 (1) State requirements, minimum standards,  
17      and protocols for training sexual assault examiners;

18                                 (2) State requirements, minimum standards,  
19      and protocols for training non-SANE/SAFE emer-  
20      gency services personnel involved in sexual assault  
21      medical forensic examinations;

22                                 (3) the availability of, and patient access to,  
23      trained SAFE, SANE, and other providers who per-  
24      form such examinations;

- 1                         (4) regional, provider, or other barriers to ac-  
2 cess sexual assault care and services;
- 3                         (5) the dedicated Federal and State funding to  
4 support SAFE/SANE training;
- 5                         (6) funding opportunities for SANE/SAFE  
6 training and continuing education;
- 7                         (7) billing and reimbursement practices for  
8 medical forensic examinations including private  
9 health insurance, Medicare, Medicaid, the State's  
10 victims compensation program and any other crime  
11 funding or special sources of funding that contribute  
12 to payment for such examinations;
- 13                         (8) an assessment of which hospitals and States  
14 are not in compliance with Federal law, are not pro-  
15 viding survivors of sexual assault for their medical  
16 forensic examination or sexual assault examination,  
17 and which are billing such survivors for such serv-  
18 ices; and
- 19                         (9) the availability of SAFE/SANE training,  
20 frequency of which training is convened, the pro-  
21 viders of such training, what (if any) is the State's  
22 role in such training, and what process or proce-  
23 dures are in place for continuing education of such  
24 examiners.

1       (c) ELIGIBILITY.—To be eligible to receive a grant  
2 under this section, an entity shall—

3               (1) be a State with public, private, and non-  
4 profit hospitals that receive Federal funding; and

5               (2) submit to the Secretary an application  
6 through a competitive process to be determined by  
7 the Secretary.

8       (d) PUBLIC DISSEMINATION AND CAMPAIGN.—

9               (1) PUBLIC AVAILABILITY.—The results of the  
10 surveys conducted under grants under this section  
11 shall be published by the Secretary on the Internet  
12 website of the Department of Health and Human  
13 Services on a biennial basis.

14               (2) CAMPAIGNS.—An entity that receives a  
15 grant under this section shall—

16                       (A) make the findings of the survey con-  
17 ducted under the grant public;

18                       (B) develop policies, best practices rec-  
19 ommendations, and an action plan to increase  
20 access to SAFE/SANE; and

21                       (C) utilize such findings to develop and im-  
22 plement a public awareness campaign to im-  
23 prove patient access to services and providers,  
24 and improve hospital and stakeholder practices,

with respect to sexual assault forensic examinations.

3 (e) AUTHORIZATION OF APPROPRIATIONS.—There is  
4 authorized to be appropriated to carry out this section,  
5 \$2,000,000 for each of fiscal years 2017 through 2019.

6 SEC. 102. IMPROVING AND STRENGTHENING THE SEXUAL  
7 ASSAULT EXAMINER WORKFORCE PILOT  
8 PROGRAM.

9       (a) PURPOSE.—It is the purpose of this section to  
10 establish a pilot program to develop, test, and implement  
11 SAFE training which expands the availability of SAFE,  
12 SANE, and SART providers for survivors of sexual as-  
13 sault.

14       (b) ELIGIBILITY TO PROVIDE SERVICES.—With re-  
15 spect to hospitals that receive Federal funds, SAFE/  
16 SANE services, and other forensic medical examiner serv-  
17 ices shall be provided by health care providers who are  
18 also one of the following:

- 19                   (1) A physician, including a resident physician.
  - 20                   (2) A nurse practitioner.
  - 21                   (3) A nurse midwife.
  - 22                   (4) A physician assistant.
  - 23                   (5) A certified nurse specialist.
  - 24                   (6) A registered nurse.

1                         (7) Where a provider of the type described in  
2                         paragraphs (1) through (6) is not available, such  
3                         services may be provided by an individual who has  
4                         completed sexual assault forensic examiner training  
5                         and maintained continuing education in such train-  
6                         ing, as developed by the Secretary and the Task  
7                         Force under section 201.

8                         (c) TRAINING AND CONTINUING EDUCATION.—

9                         (1) ESTABLISHMENT.—

10                         (A) IN GENERAL.—Not later than 1 year  
11                         after the date of enactment of this Act, the Sec-  
12                         retary, in consultation with the Attorney Gen-  
13                         eral, the Centers for Medicare & Medicaid Serv-  
14                         ices, the Centers for Disease Control and Pre-  
15                         vention, the Health Resources and Services Ad-  
16                         ministration, the Indian Health Service, the Of-  
17                         fice for Victims of Crime, the Office on Wom-  
18                         en's Health, and the Department of Justice Of-  
19                         fice on Violence Against Women, and with  
20                         input from national experts such as the Inter-  
21                         national Association of Forensic Nurses, the  
22                         Emergency Nurses Association, the Rape,  
23                         Abuse, and Incest National Network, the Na-  
24                         tional Alliance to End Sexual Violence, the Na-

1                      tional Sexual Violence Resource Center, and  
2                      others shall—

(ii) develop, pilot, implement, and update as appropriate continuing and clinical education program modules, webinars, and programs for all hospitals and providers to increase access to SANE and SAFE services and address ongoing competency issues in SAFE/SANE practice of care.

(A) the minimum training required to be considered a SAFE/SAFE described in paragraph (1); or

(B) training and clinical or forensic experience in sexual assault forensic examinations similar to that required for a certification described in subparagraph (A) based in part on the recommendations of the National Sexual Assault Forensic Examination Training Standards issued by the Department of Justice on Violence Against Women.

(3) NATURE OF TRAINING.—The training provided under the training and clinical and continuing education program established under this subsection shall incorporate and reflect current best practices and standards on sexual assault medical forensic examinations consistent with the purpose described in section 2, such as the use of telemedicine consistent with section 201.

#### (4) APPLICABILITY OF TRAINING REQUIREMENTS.—

(A) IN GENERAL.—Effective beginning 1 year after the date of the enactment of this Act, a licensed medical professional shall not provide SAFE/SANE services, or provide any other fo-

1           forensic medical examiner services, unless the  
2           professional has completed—

3                         (i) all training required under the  
4                         training and continuing education pilot  
5                         program established in this subsection;

6                         (ii) all training required to be consid-  
7                         ered a SANE by the International Associa-  
8                         tion of Forensic Nurses; or

9                         (iii) all training required to be cer-  
10                         tified or credentialed as a SAFE/SANE by  
11                         the applicable State issuing body.

12                 (B) CONTINUED APPLICATION OF CLIN-  
13                 ICAL EDUCATION AND TRAINING.—If a prac-  
14                 ticing SAFE/SANE was qualified or trained  
15                 through a practical training program (such as  
16                 the International Association of Forensic  
17                 Nurses SANE training) prior to the date of en-  
18                 actment of this Act, such examiner shall be per-  
19                 mitted to continue to provide services as a  
20                 SAFE or SANE so long as such examiner  
21                 meets the applicable continuing clinical edu-  
22                 cation requirements.

23                 (C) RULE OF CONSTRUCTION.—Nothing in  
24                 this Act (or the amendments made by this Act)  
25                 shall be construed to preempt any provision of

1           Federal or State law to the extent that such  
2           Federal or State law provides protections for  
3           survivor's access to SAFE/SANE care that are  
4           greater than the protections provided for in this  
5           Act (or amendments).

6           (5) EFFECTIVE DATE.—

7           (A) IN GENERAL.—The pilot program es-  
8           tablished under this section shall terminate on  
9           the date that is 2 years after the date of such  
10          establishment.

11          (B) AUTHORITY FOR MODIFICATIONS.—  
12          Upon the expiration of the pilot program as  
13           provided for in subparagraph (A), the Secretary  
14           may implement modifications relating to train-  
15           ing and continuing education requirements  
16           based on such program to increase access to  
17           SANE and SAFE services for survivors of sex-  
18           ual assault.

19          (C) TECHNICAL ASSISTANCE.—The Sec-  
20           retary and the Attorney General shall provide  
21           technical assistance and guidance to ensure  
22           compliance with the requirements of this sec-  
23           tion.

24          (D) PREEMPTION.—Nothing in this section  
25           shall be construed to preempt any provision of

1           Federal or State law to the extent that such  
2           Federal or State law provides protections for  
3           survivors of sexual assault that are greater than  
4           the protections provided for in this section.

5   **SEC. 103. NATIONAL REPORT ON SEXUAL ASSAULT SERV-**  
6                         **ICES IN OUR NATION'S HEALTH SYSTEM.**

7           (a) IN GENERAL.—Not later than 1 year after the  
8 date of enactment of this Act, and annually thereafter,  
9 the Agency for Healthcare Research and Quality, in con-  
10 sultation with the Centers for Medicare & Medicaid Serv-  
11 ices, the Centers for Disease Control and Prevention, the  
12 Health Resources and Services Administration, the Indian  
13 Health Service, the Office for Victims of Crime, the Office  
14 on Women's Health, and the Office of Violence Against  
15 Women of the Department of Justice (hereafter referred  
16 to in this section collectively as the "Agencies"), shall sub-  
17 mit to the Secretary a report of existing Federal and State  
18 practices relating to SAFEs, SANEs, and others who per-  
19 form such examinations which reflects the findings of the  
20 surveys developed under section 101.

21           (b) CORE COMPETENCIES.—In conducting activities  
22 under this section, the Agencies shall address SAFE/  
23 SANE competencies including—

24                  (1) providing comprehensive medical care to  
25                   sexual assault patients;

1                   (2) demonstrating the ability to conduct a medical forensic examination to include an evaluation for evidence collection;

4                   (3) showing compassion and sensitivity towards survivors of sexual assault;

6                   (4) testifying in Federal, State, local, and tribal courts; and

8                   (5) other competencies as determined appropriate by the Agencies.

10                 (c) PUBLICATION.—

11                 (1) AHRQ.—The Agency for Healthcare Research and Quality shall establish, maintain, and publish on the Internet website of the Department of Health and Human Services an online public map of SAFE, SANE, and other forensic medical examiners available to the Department of Health and Human Services.

18                 (2) STATES.—A State that receives Federal funds shall maintain and make available a State map displaying the number of available SAFE/SANE programs and other forensic medical examiners.

23                 **SEC. 104. HOSPITAL REPORTING.**

24                 Not later than 1 year after the date of enactment of this Act, and annually thereafter, a hospital that re-

1 ceives Federal funds shall submit to the Secretary a report  
2 that identifies the level of community access provided by  
3 the hospital to trained SAFEs, SARTs, SANEs, and oth-  
4 ers who perform such examinations. Such report shall de-  
5 scribe—

6                 (1) the number of sexual assault forensic ex-  
7 aminations done in the hospital in the year for which  
8 the report is being prepared;

9                 (2) the training that such SAFEs/SANEs un-  
10 dergo, both initially and for recertification;

11                 (3) the number of SAFEs/SANEs employed by  
12 the hospital, differentiating between part-time and  
13 full-time employees; and

14                 (4) the SAFE/SANE standards of care applied  
15 by the hospital.

## 16                 **TITLE II—STANDARDS OF CARE**

### 17                 **SEC. 201. NATIONAL SEXUAL ASSAULT CARE AND TREAT- 18                                  MENT TASK FORCE.**

19                 (a) ESTABLISHMENT.—The Secretary shall establish  
20 a task force to be known as the “SASCA Task Force”  
21 (referred to in this section as the “Task Force”) to review  
22 State guidelines, procedures, practices, training, and em-  
23 ployment and retention data for SAFE/SANE and other  
24 forensic medical examiners.

1       (b) APPOINTMENTS.—The Secretary, in consultation  
2 with the Centers for Medicare & Medicaid Services, the  
3 Centers for Disease Control and Prevention, the Health  
4 Resources and Services Administration, the Indian Health  
5 Service, the Office for Victims of Crime, the Office on  
6 Women's Health, and the Department of Justice Office  
7 on Violence Against Women, and key stakeholders such  
8 as the International Association of Forensic Nurses, the  
9 Rape, Abuse, and Incest National Network, the National  
10 Domestic Violence Hotline, the National Alliance to End  
11 Sexual Violence, the National Sexual Violence Resource  
12 Center, and community-based organizations shall appoint  
13 experts to the Task Force.

14       (c) OBJECTIVES.—To assist and standardize State-  
15 level efforts to improve medical forensic evidence collection  
16 relating to sexual assault, the Task Force shall—

17               (1) review State-level practices for SAFEs,  
18 SARTs, SANEs, and others who perform such ex-  
19 aminations to ensure that such practices are con-  
20 sistent with established national training, certifi-  
21 cation, and practice recommendations;

22               (2) create a best practices guide for forensic  
23 medical examiners relating to sexual assault;

24               (3) improve coordination of services, and other  
25 protocols regarding the care and treatment of sexual

1 assault survivors and the preservation of evidence  
2 between law enforcement officials and health care  
3 providers; and

4 (4) update national minimum standards for fo-  
5 rensic medical examiner training and forensic med-  
6 ical evidence collection relating to sexual assault.

7 (d) TRANSPARENCY REQUIREMENTS.—

8 (1) IN GENERAL.—The Task Force shall report  
9 to the Secretary, at such time, in such manner, and  
10 containing such information as may be specified by  
11 the Secretary, on—

12 (A) the recommendation for best practices  
13 with respect to improving medical forensic evi-  
14 dence collection relating to sexual assault; and

15 (B) the national minimum standards for  
16 medical forensic examinations and treatments  
17 relating to sexual assault.

18 (2) REPORT.—Not later than one year after the  
19 date of enactment of this Act, the Secretary shall  
20 submit to Congress a report on the findings and  
21 conclusions of the Task Force.

22 (e) ANNUAL SUMMIT.—The Secretary shall convene  
23 an annual stakeholder meeting to address gaps in health  
24 care provider care relating to sexual assault. Such meet-  
25 ings shall include the Task Force, as well as the Centers

1 for Medicare & Medicaid Services, the Centers for Disease  
2 Control and Prevention, the Health Resources and Serv-  
3 ices Administration, the Indian Health Service, the Office  
4 for Victims of Crime, the Office on Women's Health, and  
5 the Department of Justice Office on Violence Against  
6 Women, and key stakeholders such as the International  
7 Association of Forensic Nurses, the Rape, Abuse, and In-  
8 cest National Network, National Alliance to End Sexual  
9 Violence, National Sexual Violence Resource Center and  
10 community-based organizations.

11 **SEC. 202. INSTITUTES OF HIGHER EDUCATION CAMPUS AC-  
12 TION PLAN.**

13 (a) IN GENERAL.—Each institution of higher edu-  
14 cation that receives Federal funds shall make publicly  
15 available a written plan of the steps the institution takes  
16 to ensure access to sexual assault medical forensic exami-  
17 nations and treatments. Such plan shall include informa-  
18 tion about the availability of services, and a statement that  
19 Federal law requires that such exams be provided free of  
20 charge.

21 (b) ACCESS TO EXAMINATIONS.—Each institution of  
22 higher education that receives Federal funds shall, to the  
23 extent practicable, ensure that students have access to sex-  
24 ual assault medical forensic examination by employing the  
25 use of a SAFE/SANE in the campus medical facility or

1 hospital or by entering into a memorandum of under-  
2 standing or formal agreement with at least one local  
3 health care facility to provide such service if no appro-  
4 priate medical facility is available on campus, including  
5 the cost of transportation for students to access services.

6 **SEC. 203. EXPANDING ACCESS TO UNIFIED CARE.**

7 Part B of title VIII of the Public Health Service Act  
8 (42 U.S.C. 296j et seq.) is amended by adding at the end  
9 the following:

10 **“SEC. 812. DEMONSTRATION GRANTS FOR SEXUAL ASSAULT  
11 EXAMINER TRAINING PROGRAMS.**

12 “(a) ESTABLISHMENT OF PROGRAM.—The Secretary  
13 shall establish a demonstration program (referred to in  
14 this section as the ‘program’) to award grants to eligible  
15 partnered entities for the clinical training of SAFEs/  
16 SANEs (including registered nurses, nurse practitioners,  
17 nurse midwives, clinical nurse specialists, physician assist-  
18 ants, and physicians) to administer medical forensic ex-  
19 aminations and treatments to victims of sexual assault in  
20 hospitals, health centers, and other emergency health care  
21 service provider settings, including Federally qualified  
22 health centers, clinics receiving funding under title X, and  
23 other health care providers as determined appropriate by  
24 the Secretary.

1       “(b) PURPOSE.—The purpose of the program is to  
2 enable each grant recipient to expand access to SAFE/  
3 SANE services by providing new providers with the clin-  
4 ical training necessary to establish and maintain com-  
5 petency in SAFE/SANE services.

6       “(c) GRANTS.—Under the program, the Secretary  
7 shall award 3-year grants to eligible entities that meet the  
8 requirements established by the Secretary, for the purpose  
9 of operating the SAFE/SANE training programs de-  
10 scribed in subsection (a) at such entities and to test the  
11 provision of such services at new facilities in expanded  
12 health care settings.

13       “(d) ELIGIBLE ENTITIES.—To be eligible to receive  
14 a grant under this section, an entity shall—

15           “(1) be a rural health care services provider (as  
16 defined by the Secretary), a center or clinic under  
17 section 330, or a health center receiving assistance  
18 under title X, acting in partnership with a high-vol-  
19 ume emergency services provider or a hospital cur-  
20 rently providing sexual assault medical forensic ex-  
21 aminations performed by SANEs or SAFEs, that  
22 will use grant funds to—

23           “(A) assign rural health care service pro-  
24 viders to the high-volume hospitals for clinical

1           practicum hours to qualify such providers as a  
2           SAFE/SANE; or

3           “(B) assign practitioners at high-volume  
4           hospitals to a rural health care services pro-  
5           viders to instruct, oversee, and approve clinical  
6           practicum hours in the community to be served.

7           “(2) submit to the Secretary an application at  
8           such time, in such manner, and containing such in-  
9           formation as the Secretary may require, including a  
10          description of whether the applicant will provide  
11          services under subparagraph (A) or (B) of para-  
12          graph (1).

13          “(e) GRANT AMOUNT.—Each grant awarded under  
14         this section shall be in an amount not to exceed \$400,000  
15         per year. A grant recipient may carry over funds from 1  
16         fiscal year to the next without obtaining approval from  
17         the Secretary.

18          “(f) AUTHORIZATION OF APPROPRIATIONS.—To  
19         carry out this section, there is authorized to be appro-  
20         priated \$10,000,000 for each of fiscal years 2016 through  
21         2019.”.

1   **SEC. 204. TECHNICAL ASSISTANCE GRANTS AND LEARNING**

2                   **COLLECTIVES.**

3         Part B of title VIII of the Public Health Service Act  
4   (42 U.S.C. 296j et seq.), as amended by section 203, is  
5   further amended by adding at the end the following:

6   **“SEC. 812A. TECHNICAL ASSISTANCE CENTER AND RE-**

7                   **GIONAL LEARNING COLLECTIVES.**

8         “(a) IN GENERAL.—The Secretary shall establish a  
9   State and provider technical resource center to provide  
10   technical assistance to health care providers to increase  
11   the quality of, and access to, sexual assault examinations  
12   by entering into contracts with national experts (such as  
13   the International Forensic Nurses Association and oth-  
14   ers).

15         “(b) REGIONAL LEARNING COLLECTIVES.—The Sec-  
16   retary shall convene State and hospital regional learning  
17   collectives to assist health care providers and States in  
18   sharing best practices, discussing practices, and improving  
19   the quality of, and access to, sexual assault examinations.

20         “(c) REPOSITORY.—The Secretary shall establish and  
21   maintain a secure Internet-based data repository to serve  
22   as an online learning collective for State and entity col-  
23   laborations. An entity receiving a grant under section 812  
24   may use such repository for—

25                 “(1) technical assistance; and

26                 “(2) best practice sharing.”.

1   **SEC. 205. QUALITY STRATEGIES.**

2       The Secretary shall identify SAFE/SANE access and  
3       quality in hospitals and other appropriate health care fa-  
4       cilities as a national priority for improvement under sec-  
5       tion 399HH(a)(2) of the Public Health Service Act (42  
6       U.S.C. 280j).

7   **SEC. 206. OVERSIGHT.**

8       Not later than 1 year after the date of enactment  
9       of this Act, the Office of the Inspector General shall issue  
10      a report concerning hospital compliance with section 1867  
11      of the Social Security Act (42 U.S.C. 1395dd) and the  
12      Violence Against Women Act of 1994 (42 U.S.C. 13701  
13      et seq.) with respect to access to, and reimbursements for,  
14      sexual assault medical forensic examinations at the na-  
15      tional, State, and individual hospital level. Such report  
16      shall address hospital awareness of reimbursements, total  
17      reimbursed costs, and any costs for victims.

